STATE OF UTAH /	
COUNTY OF Carban	
I, MIKE ERKKILA (Print name as it is to appear on the ballot)	, being first sworn, say that I reside at
170 NORTH MERIDIAN Street,	City of SCOFIELD
County of CARBON, state of Utah, Zip Code	84 526., Telephone No. (if any) 448 9477;
that I am a registered voter; and that I am a candidate for th	e office of MAYOR
for the term of years. I will meet	the legal qualifications required of candidates for this
office. I will file all campaign financial disclosure reports as	required by law and I understand that failure to do so
will result in my disqualification as a candidate for this offic	ce and removal of my name from the ballot.
I request that my name be printed upon the applicable offic	ial ballots.
(Si _į	gned) Mike Elleh
Subscribed and sworn to (or affirmed) before me by	And the state of t
on this $\frac{5}{4}$ day of $\frac{17}{20}$ (Signed)	Moreal Browley (Recorder Clerk or other Officer Qualified to Administer Oath)
Note: The qualifications to be a candidate are: (1.) Be a United States citizen at time of filing. (2.) Be a registered voter of the municipality. (3.) Be a resident of the municipality or a resident of the recently annexed area for 12 consecutive months immediately preceding the date of the election. (4.) If elected from a council district, the person must be a resident of the council district, (5.) To not be a convicted felon, unless the right to hold elective office has been restored.	e following information would be helpful in contacting ou if the need arises: E-mail

Maple TOD, LET 84664

DECLARATION OF CANDIDACY

STATE OF		
COUNTY	OF_CALBON SS.	
0001111		
I,	(Print name as it is to appear on the ballot)	, being first sworn, say that I reside at
16	3 CHESTNUT St	reet, City of SCOFIELS
		Code 84 53 6 Telephone No. (if any (435-) 448-6914
		or the office of <u>Mayor</u>
for the term	n of years. I will m	neet the legal qualifications required of candidates for this
		s as required by law and I understand that failure to do so
will result i	in my disqualification as a candidate for this	office and removal of my name from the ballot.
I request th	at my name be printed upon the applicable	official ballate
· · equest tit	at my name of printed upon the applicable	official dariots.
		0911
		(Signed)
Subscribe	ed and sworn to (or affirmed) before me by _	
an thin	day of Jan E	17
on trus		
		- Mudual Madu
	(Signed)	Explored 18 may
	e e * , ay ay	(Recorder/Clerk or other Officer Qualified to Automister Oath)
		V
2***		
Note:	The qualifications to be a candidate are:	The following information and I be but full to an end
(1.)	Be a United States citizen actime of filling.	The following information would be helpful in contacting you if the need arises:
(2.)	In a registered voter of the municipality.	N in the second
(3.)	Be a resident of the municipality or a resident of the recently annexed area for 12 consecutive months	E-mail MICHMOND 6032@ gMAIL COM
	immediately preceding the date of the election.	Cell Phone 80 1- 200- 8981
(4 _)	If elected from a council district, the person must be a	Other Contact Information 14 C 35 Box 328 Helper
(5.)	resident of the council district. To not be a convicted felon, unless the right to hold	1896 S. Pelly Howard & R.
	elective office has been restored.	1016 LIKY MOCCOW DX.

STATE OF UTAH	\
COUNTY OF CAPBA	SS.
90 So. Church St.	street, City of Scofield
County of Cachon, state of Utah, 2	Zip Code 84 <u>526</u> , Telephone No. (if any). <u>448-966</u> /
that I am a registered voter; and that I am a candid	ate for the office of Council Woman
for the term of years. I w	vill meet the legal qualifications required of candidates for this
	ports as required by law and I understand that failure to do so
	this office and removal of my name from the ballot.
I request that my name be printed upon the applica	
	(Signed) Barbara Look
Subscribed and sworn to (or affirmed) before me	by
on this 3 relay of June, 2 (Signed)	(Recorder Klork or other Officer Qualified of Administer Oath)
 Note: The qualifications to be a candidate are: (1.) Be a United States citizen at time of filing. (2.) Be a registered voter of the municipality. (3.) Be a resident of the municipality or a resident of the recently annexed area for 12 consecutive months immediately preceding the date of the election. (4.) If elocted from a council district, the person must be resident of the council district. (5.) To not be a convicted felon, unless the right to hole elective office has been restored. 	Cell Phone Other Contact Information

of, being first sworn, say that I reside at of, Scorie 2 か, こと, Telephone No. (if any) 435-448-640
of Scoriess
ice of Pouce, con 42
egal qualifications required of candidates for this
ired by law and I understand that failure to do so
d removal of my name from the ballot.
allots
, Faul Hetatin
der/Clerk or other Officer Qualified to Administer Oath) Collowing information would be helpful in contacting the need arises: E-mail Cell Phone Other Contact Information HC 35 Boy 268 Salfield 84526

STATE OF U	JTAH DE CARSON	gs.
ı, <u>S</u>	COTT HOLMAN (Print name as it is to appear on the ba	, being first sworn, say that I reside at
<u> 320</u>	CHURCH STREET	Street, City of SCOFIELD
		p Code 84 524, Telephone No. (if any) 801347 8151;
that I am a	registered voter; and that I am a candida	te for the office of
for the term	4	Il meet the legal qualifications required of candidates for this
office. I will	file all campaign financial disclosure rep	ports as required by law and I understand that failure to do so
	•	this office and removal of my name from the ballot
I request tha	at my name be printed upon the applical	ble official ballots.
		(Signed)
Subscribe	ed and sworn to (or affirmed) before me l	by
on this	Aday of June, 20	andreah Brady
(Recorder/Clerk or other Officer Qualified to Administer Oath)		
		V
Note: (1.) (2.) (3.)	The qualifications to be a candidate are: Be a United States citizen at time of filing. Be a registered voter of the municipality. Be a resident of the municipality or a resident of the	
	recently armexed area for 12 consecutive months immediately preceding the date of the election.	Cell Phone GOI 3478151 , 435 498 6433
(4.)	If elected from a council district, the person must be resident of the council district.	e a Other Contact Information
(5.)	To not be a convicted felon, unless the right to hold elective office has been restored.	

STATE OF UTAH	
COUNTY OF Carbon	,
I, SCOHH DEEM (Print name as it is to appear on the balle	, being first sworn, say that I reside at
130 North Roil Road s	Street, City of <u>Scofield</u> ,
County of Carbon, state of Utah, Zip	Code 845.6 (Telephone No. (if any) 4.35 448 - 694
that I am a registered voter; and that I am a candidate	for the office of Councilman
for the term of years. I will	meet the legal qualifications required of candidates for this
	rts as required by law and I understand that failure to do so
will result in my disqualification as a candidate for th	is office and removal of my name from the ballot.
I request that my name be printed upon the applicable	
¥	(Signed) Soll Rome
Subscribed and sworn to (or affirmed) before me by	
on this 7th day of June , 20 (Signed)	Andreal Brady (Recorder/Clerk or other Officer Qualified to Auffinister Oath)
 Note: The qualifications to be a candidate are: (1.) Be a United States citizen at time of filing. (2.) Be a registered voter of the municipality. (3.) Be a resident of the municipality or a resident of the recently annexed area for 12 consecutive months immediately preceding the date of the election. (4.) If elected from a council district, the person must be a resident of the council district. (5.) To not be a convicted felon, unless the right to hold elective office has been restored. 	The following information would be helpful in contacting you if the need arises: E-mail Sgdcemagmail Cell Phone 435 448 - 6041 Other Contact Information